# DEPARTMENT OF TREASURY

## PROCESS RECEIPT AND RETURN

| | |
|---|---|
| Plaintiff: UNITED STATES OF AMERICA | Court Case Number: **04-CR-544** |
| Defendant: **KUN FUK CHENG** | Type of Process: **Forfeiture - Service** |

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Xiu Chai Shi, 9 Varun Lane, Lake Katrine, New York 12449

| Send notice or service copy to requester at Name and Address below: | | |
|---|---|---|
| GLENN T. SUDDABY, United States Attorney, NDNY<br>218 James T. Foley Courthouse<br>445 Broadway<br>Albany, New York 12207 | Number of Processes to be Served | |
| | Number of Parties to Served | |
| | Check box if service is on USA | |

**Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:**

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

| Signature of Attorney or other Originator requesting service on behalf of: | | Telephone No. | Date |
|---|---|---|---|
| [signature] /Thomas A. Capezza, AUSA | (X )Plaintiff<br>( ) Defendant | 518-431-0247 | 2/14/06 |

Signature and Date of Person accepting Process:

## SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

| I acknowledge receipt for the total number of process indicated. | District of Origin No.________ | District to Serve No.________ | Signature of Authorized Dept. of Treasury Agency Officer | Date |
|---|---|---|---|---|
| | | | [signature] | 2/15/06 |

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (✓) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

| Name and Title of individual served if not shown above. | ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode. |
|---|---|
| Address: (complete only if different than shown above) | Date of Service: 2/16/06 - Mail<br>Time of Service ( ) a.m. ( ) p.m. |
| | Signature, Title and Treasury Agency: [signature], Special Agent, IRS-CI |

**REMARKS:**

A certified copy of the preliminary order of forfeiture and Notice of Publication and forfeiture were sent by Certified Mail to the address listed above, on 2/16/06.

( Xiu Chai Shi, 9 Varun Lane, Lake Katrine, NY 12449 )

U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com®

OFFICIAL USE

LAKE KATRINE, NY 12449

| | | |
|---|---|---|
| Postage | $ 1.11 | UNIT ID: 0616 |
| Certified Fee | 2.40 | Postmark Here |
| Return Receipt Fee (Endorsement Required) | 1.85 | |
| Restricted Delivery Fee (Endorsement Required) | | Clerk: KJ420C |
| Total Postage & Fees | $ 5.36 | 02/16/06 |

Sent To: Xiu Chai Shi

Street, Apt. No.; or PO Box No.: 9 Varun La

City, State, ZIP+4: Lake Katrine NY 12449

PS Form 3800, June 2002 — See Reverse for Instructions

7005 0390 0005 8339 5870

1605OO43-07

1405OO43

## SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Xiu Chai Shi
9 Varun Lane
Lake Katrine, NY
12449

## *COMPLETE THIS SECTION ON DELIVERY*

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [signature]

C. Date of Delivery 2/21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

KATRINE FEB 21 2006

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 0390 0005 8339 5870

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540